

Maryland Port Administration	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	51469-2287
Reporting Agency		Prepare in Duplicate
Human Resources		Retain one (1) copy and forward original to address on left.
Division or Unit		

CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
	Personnel Records	2542	9B	1980-2002	4/6		
	See attached						

I hereby give permission to the records keeper to mark the above boxes and have ready for disposal by approved recycling company. Maryland 8-3-12

I hereby certify that the records listed above were disposed of as indicated.

Signature [Signature] Title Director Date 8/3/12

DGS 550-2 (rev. 1/93)

Alisha Jackson Office Clerk I 8/3/12

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RECORDS REQUESTED TO BE DESTROYED (NLP) RETENTION FACILITY - 2011

2

Office Service will complete and provide

Request Date	Person Requesting	Department	Departments Records Coordinator	File Name or Box Name	File # or Box #	Date set to be removed	Vangel signature of assigned driver	Certificate of destruction received
9-15-11	Nancy Lawlor	HR	Nancy Lawlor	80's misc				
				1990-1991				
				1991-1992				
				1993 Box 1 & 2				
				1994 Box 1 & 2				
				1995 Box 1 & 2				
				1996				
				1997				
				1998				
				1999				
				2000				
				2001				
				2002				

Signature: Nancy Lawlor
Appointed Department Records Coordinator

Date: 9-15-11

Signature: _____ Date: _____
Appointed Department Assistant

Resent 5-22-12

Signature: _____ Date: _____
Office Services - Records Management Coordinator

Signature: _____ Date: _____
Office Services - Records Escort

NLP is closing - files, records, boxes once removed will not be able to return. (Relocation) of files/records to (DMT) Dunmar will be decided by Office Services/Dept Coordinator
Please print this twice - one for the requesting Coordinator and one for OFS Records Management - Attach the customers email or written request for validation.

Only remove what is listed on the form - Paper work and approvals are needed for additional request

Office Service Escort will open/close doors and will remain with the person assigned until the request is completed

Office Services will assist the requesting department's assigned rep with the preperation of records to be picked up by Vangel.

DEPARTMENT RECORDS ARE PRIVATE - NO ONE IS TO VIEW OR PULL ANOTHER DEPARTMENTS RECORDS - Accept for Office Services with approvals

284
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RECORDS REQUESTED TO BE DESTROYED (NLP) RETENTION FACILITY - 2011

3

Office Service will complete and provide

Request Date	Person Requesting	Department	Departments Records Coordinator	File Name or Box Name	File # or Box #	Date set to be removed	Vangel signature of assigned driver	Certificate of destruction received
9-15-11	Nancy Lawlor	HR	Nancy Lawlor	A				
				B 1, 2, 3, 4				
				C 1				
				D 1, 2, 3				
				E 1, 2				
				F				
				G 1, 2, 3				
				HR G-4				
				H 1, 2, 3, 4				
				I, J, K				
				JK Files				
				L 1, 2				
				M				

Signature: Nancy Lawlor
Appointed Department Records Coordinator

Date: _____

Signature: _____
Appointed Department Assistant

Date: _____

Signature: _____
Office Services - Records Management Coordinator

Date: _____

Signature: _____
Office Services - Records Escort

Date: _____

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RECORDS REQUESTED TO BE DESTROYED (NLP) RETENTION FACILITY - 2011 51469-2287

Office Service will complete and provide

Request Date	Person Requesting	Department	Departments Records Coordinator	File Name or Box Name	File # or Box #	Date set to be removed	Vangel signature of assigned driver	Certificate of destruction received
9-15-11	Nancy Lantz	HR	Nancy Lantz	n				
				o				
				p				
				IT				
				IPW				
				IP FG				
				1 W-4				
				IP - 132				
				IP - C-F				
				IP m				
				132-3				
				IP B-C				
				IP a-B				

Signature: Nancy Lantz
Appointed Department Records Coordinator

Date: 9-15-11

Signature: _____ Date: _____
Appointed Department Assistant

Signature: _____ Date: _____
Office Services - Records Management Coordinator

Signature: _____ Date: _____
Office Services - Records Escort

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Signature: Mary Lamb
Appointed Department Records Coordinator

Date: 9-15-11

Signature: _____ Date: _____
Appointed Department Assistant

Signature: _____
Office Services - Records Management Coordinator

Date: _____ Signature: _____ Date: _____
Office Services - Records Escort

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